

Fill in this information to identify your case:

Debtor 1	Ian Lafayette Fleming		
	First Name	Middle Name	Last Name
Debtor 2	Theresa Marie Fleming		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
Case number (if known)	20-40094		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount		
2.1	Aaron Beil Priority Creditor's Name 230 Maple Street E. Monroe, SD 57047 Number Street City State Zip Code	Last 4 digits of account number 9C01	\$244.00	\$0.00	\$244.00
		When was the debt incurred? Opened 03/12 Last Active 10/23/19			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Family Support			

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2.2	Kalen J. Bauer Priority Creditor's Name	Last 4 digits of account number 050B	\$392.00	\$0.00	\$392.00
	3614 N. Careet Ave. Apt. 11 Sioux Falls, SD 57107 Number Street City State Zip Code	When was the debt incurred? Opened 02/11 Last Active 10/23/19			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Domestic support obligations			
	Is the claim subject to offset?	<input type="checkbox"/> Taxes and certain other debts you owe the government			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____			
		Family Support			
2.3	SD Department of Labor and Regulation Priority Creditor's Name	Last 4 digits of account number 3475	\$187.62	\$185.85	\$1.77
	Reemployment Assistance Division PO Box 4730 Aberdeen, SD 57402-4730 Number Street City State Zip Code	When was the debt incurred?			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations			
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

- 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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4.1	Anesthesia Associates Nonpriority Creditor's Name P.O. Box 2756 Sioux Falls, SD 57101 Number Street City State Zip Code	Last 4 digits of account number _____	\$840.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Medical _____			
4.2 Avera McGreevy Clinic Nonpriority Creditor's Name P.O. Box 86430 Sioux Falls, SD 57118 Number Street City State Zip Code			
Last 4 digits of account number 8141 _____ Unknown _____			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Medical _____			
4.3 Avera McKennan Hospital Nonpriority Creditor's Name P.O. Box 5045 Sioux Falls, SD 57117 Number Street City State Zip Code			
Last 4 digits of account number _____ Unknown _____			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Multipule medical bills. _____			

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4.4	<p>Avera Medical Group Nonpriority Creditor's Name PO Box 86370 Sioux Falls, SD 57118-6370 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify medical</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0598</p> <p>When was the debt incurred? various</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	\$1,697.00
4.5	<p>Avera Radiology Nonpriority Creditor's Name 1325 S. Cliff Avenue Sioux Falls, SD 57105 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	\$175.09
4.6	<p>Avera University Psy Nonpriority Creditor's Name 4400 West 69th St. Suite 150 Sioux Falls, SD 57108 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? 11-23-18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	\$617.00

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4.7	<p>Bank of America Nonpriority Creditor's Name 4909 Savarese Circle FI1-908-01-50 Tampa, FL 33634</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1836</p> <p>When was the debt incurred? Opened 08/17 Last Active 2/28/19</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	\$5,895.00
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4.8	<p>Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8039</p> <p>When was the debt incurred? Opened 01/16 Last Active 7/11/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	\$9,341.00
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4.9	<p>Capital One Nonpriority Creditor's Name Po Box 30281 Salt Lake City, UT 84130</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2402</p> <p>When was the debt incurred? Opened 11/15 Last Active 11/09/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	\$6,027.00
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4.1 0	<p>Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6310</p> <p>When was the debt incurred? Opened 10/12 Last Active 11/26/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$4,164.00
4.1 1	<p>Capital One Na Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1299</p> <p>When was the debt incurred? Opened 04/15 Last Active 6/28/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$5,369.00
4.1 2	<p>Chase Card Services Nonpriority Creditor's Name Po Box 15369 Wilmington, DE 19850 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8620</p> <p>When was the debt incurred? Opened 10/15 Last Active 6/19/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$5,978.00

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4.1 3 Citibank Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179 Number Street City State Zip Code	Last 4 digits of account number 3454 When was the debt incurred? Opened 03/16 Last Active 3/07/19 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$2,276.00
<hr/> 4.1 4 Comenity Bank/Ann Taylor Loft Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code		
Last 4 digits of account number 7253 When was the debt incurred? Opened 11/17 Last Active 11/27/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card		
<hr/> 4.1 5 Comenity Bank/Victoria Secret Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code		
Last 4 digits of account number 5680 When was the debt incurred? Opened 02/17 Last Active 3/05/19 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account		

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<div style="border: 1px solid black; padding: 2px;">4.1 6</div> <p>Davis Independant OBGYN Care Nonpriority Creditor's Name 414 W. 18th St. Sioux Falls, SD 57104 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<p>Last 4 digits of account number _____ \$400.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical _____</p>
<hr/> <div style="border: 1px solid black; padding: 2px;">4.1 7</div> <p>Direct TV Nonpriority Creditor's Name P.O. Box 5007 Carol Stream, IL 60197-5007 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	
<p>Last 4 digits of account number 5056 \$213.46</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p> <hr/> <div style="border: 1px solid black; padding: 2px;">4.1 8</div> <p>Falls Community Health Nonpriority Creditor's Name 521 N. Main Avenue - Suite 100 Sioux Falls, SD 57104 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	
<p>Last 4 digits of account number _____ \$261.50</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	

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4.1 9 FedLoan Servicing Nonpriority Creditor's Name Attn: Bankruptcy Po Box 69184 Harrisburg, PA 17106 Number Street City State Zip Code	Last 4 digits of account number 0005 When was the debt incurred? Opened 06/17 Last Active 10/02/19 As of the date you file, the claim is: Check all that apply	\$66,128.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		

Educational

4.2 0 K. Jordan Nonpriority Creditor's Name PO Box 2809 Monroe, WI 53566-8009 Number Street City State Zip Code	Last 4 digits of account number 58B2 When was the debt incurred? As of the date you file, the claim is: Check all that apply	\$488.91
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

4.2 1 Kohls/Capital One Nonpriority Creditor's Name Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201 Number Street City State Zip Code	Last 4 digits of account number 4167 When was the debt incurred? Opened 09/17 Last Active 12/22/18 As of the date you file, the claim is: Check all that apply	\$1,161.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account		

Debtor 1 **Ian Lafayette Fleming**
 Debtor 2 **Theresa Marie Fleming**

Case number (if known)

20-40094

4.2 2	<p>Orthopedic Institute Nonpriority Creditor's Name 810 East 23rd Street PO BOX 5116 Sioux Falls, SD 57117-5116 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical</u> _____</p>	<p>Unknown</p>
4.2 3	<p>Sanford Nonpriority Creditor's Name PO Box 5074 Sioux Falls, SD 57117-5074 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5920 _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical bills- Multipule accounts in each parties name.</u> _____</p>	<p>\$266.00</p>
4.2 4	<p>Stronghold Counseling Services Nonpriority Creditor's Name 4300 S. Louise Ave., Suite 201 Sioux Falls, SD 57106-3124 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1539 _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical</u> _____</p>	<p>\$189.00</p>

Debtor 1 **Ian Lafayette Fleming**
 Debtor 2 **Theresa Marie Fleming**

Case number (if known)

20-40094

4.2 5	Synchrony Bank/ JC Penneys Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	Last 4 digits of account number 4375	\$4,305.00
		When was the debt incurred? Opened 08/10 Last Active 11/09/18	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	

4.2 6	Usdoe/glelsi Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53717	Last 4 digits of account number 7581	\$35,850.00
		When was the debt incurred? Opened 02/14 Last Active 10/31/19	
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational	

4.2 7	USDOE/GLELSI Nonpriority Creditor's Name 2401 International Lane Madison, WI 53704	Last 4 digits of account number 8581	\$6,921.00
		When was the debt incurred? Opened 01/15 Last Active 10/31/19	
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Educational	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 **Ian Lafayette Fleming**
 Debtor 2 **Theresa Marie Fleming**

Case number (if known)

20-40094

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

AAA Collections, INC
PO box 881
Sioux Falls, SD 57101-0881

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8970

Name and Address

AAA Collections, INC
PO box 881
Sioux Falls, SD 57101-0881

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Accounts Management
PO Box 1843
Sioux Falls, SD 57101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5165

Name and Address

AFNI
1310 Martin Luther King Drive
PO Box 3517
Bloomington, IL 61702-3517

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7701

Name and Address

AMI/ Accounts Management, INC.
PO Box 1843
Sioux Falls, SD 57101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5165,9526

Name and Address

AMI/ Accounts Management, INC.
PO Box 1843
Sioux Falls, SD 57101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5165

Name and Address

AMI/ Accounts Management, INC.
PO Box 1843
Sioux Falls, SD 57101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1642

Name and Address

Credit Collections Bureau
PO Box 90508
Sioux Falls, SD 57109

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3091

Name and Address

National Enterprise Systems
2479 Edison BLVD, Unit A
Twinsburg, OH 44087-2340

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0003

Name and Address

Radius Global Solutions LLC
PO Box 390846
Minneapolis, MN 55439

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2084

Name and Address

Rausch Sturm

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims

Debtor 1 Ian Lafayette Fleming
 Debtor 2 Theresa Marie Fleming

Case number (if known)

20-40094

**7300 147th Street West Suite 307
 Apple Valley, MN 55124**

 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9465**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">6a. Domestic support obligations</th><th style="text-align: right; padding-bottom: 5px;">Total Claim</th></tr> </thead> <tbody> <tr> <td style="padding-top: 5px;">6a. Domestic support obligations</td><td style="text-align: right; padding-top: 5px;">\$ 636.00</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">6b. Taxes and certain other debts you owe the government</th><th style="text-align: right; padding-bottom: 5px;">Total Claim</th></tr> </thead> <tbody> <tr> <td style="padding-top: 5px;">6b. Taxes and certain other debts you owe the government</td><td style="text-align: right; padding-top: 5px;">\$ 187.62</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">6c. Claims for death or personal injury while you were intoxicated</th><th style="text-align: right; padding-bottom: 5px;">Total Claim</th></tr> </thead> <tbody> <tr> <td style="padding-top: 5px;">6c. Claims for death or personal injury while you were intoxicated</td><td style="text-align: right; padding-top: 5px;">\$ 0.00</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">6d. Other. Add all other priority unsecured claims. Write that amount here.</th><th style="text-align: right; padding-bottom: 5px;">Total Claim</th></tr> </thead> <tbody> <tr> <td style="padding-top: 5px;">6d. Other. Add all other priority unsecured claims. Write that amount here.</td><td style="text-align: right; padding-top: 5px;">\$ 0.00</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">6e. Total Priority. Add lines 6a through 6d.</th><th style="text-align: right; padding-bottom: 5px;">Total Claim</th></tr> </thead> <tbody> <tr> <td style="padding-top: 5px;">6e. Total Priority. Add lines 6a through 6d.</td><td style="text-align: right; padding-top: 5px;">\$ 823.62</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">6f. Student loans</th><th style="text-align: right; padding-bottom: 5px;">Total Claim</th></tr> </thead> <tbody> <tr> <td style="padding-top: 5px;">6f. Student loans</td><td style="text-align: right; padding-top: 5px;">\$ 108,899.00</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</th><th style="text-align: right; padding-bottom: 5px;">Total Claim</th></tr> </thead> <tbody> <tr> <td style="padding-top: 5px;">6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</td><td style="text-align: right; padding-top: 5px;">\$ 0.00</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">6h. 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Write that amount here.</td><td style="text-align: right; padding-top: 5px;">\$ 52,305.96</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">6j. Total Nonpriority. Add lines 6f through 6i.</th><th style="text-align: right; padding-bottom: 5px;">Total Claim</th></tr> </thead> <tbody> <tr> <td style="padding-top: 5px;">6j. Total Nonpriority. Add lines 6f through 6i.</td><td style="text-align: right; padding-top: 5px;">\$ 161,204.96</td></tr> </tbody> </table>	6a. Domestic support obligations	Total Claim	6a. Domestic support obligations	\$ 636.00	6b. Taxes and certain other debts you owe the government	Total Claim	6b. Taxes and certain other debts you owe the government	\$ 187.62	6c. Claims for death or personal injury while you were intoxicated	Total Claim	6c. Claims for death or personal injury while you were intoxicated	\$ 0.00	6d. Other. Add all other priority unsecured claims. Write that amount here.	Total Claim	6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ 0.00	6e. Total Priority. Add lines 6a through 6d.	Total Claim	6e. Total Priority. Add lines 6a through 6d.	\$ 823.62	6f. Student loans	Total Claim	6f. Student loans	\$ 108,899.00	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	Total Claim	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ 0.00	6h. Debts to pension or profit-sharing plans, and other similar debts	Total Claim	6h. Debts to pension or profit-sharing plans, and other similar debts	\$ 0.00	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	Total Claim	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ 52,305.96	6j. Total Nonpriority. Add lines 6f through 6i.	Total Claim	6j. Total Nonpriority. Add lines 6f through 6i.	\$ 161,204.96
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Fill in this information to identify your case:

Debtor 1	Ian Lafayette Fleming	First Name	Middle Name	Last Name
Debtor 2	Theresa Marie Fleming	First Name	Middle Name	Last Name
(Spouse if, filing)				
United States Bankruptcy Court for the:	DISTRICT OF SOUTH DAKOTA			
Case number	20-40094			
(if known)				

Check if this is an amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

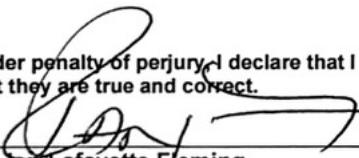
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x 
Ian Lafayette Fleming
 Signature of Debtor 1

Date May 1, 2020

x 
Theresa Marie Fleming
 Signature of Debtor 2

Date May 1, 2020